

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44012

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.)

St.

Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Kate Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

2

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Farm

10. Date deceased last worked at this occupation (month and year)

Dec 3, 1940

11. Total time (years) spent in this occupation

26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Schuyler Co Mo

FATHER

13. NAME

Geo W Snider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Schuyler Co Mo

MOTHER

15. MAIDEN NAME

Nancy Waddle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Schuyler Co Mo

17. INFORMANT (ADDRESS)

Kate Snider

18. BURIAL, CREMATION, OR REMOVAL

PLACE

100 F Cem.

DATE

Dec. 6

1940

19. UNDERTAKER (ADDRESS)

P. O. Fenton

20. FILED

Dec. 5, 1940 Byrduth Grabe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from

Dec 4, 1940 to Dec 4, 1940

I last saw him alive on Dec 4, 1940 Death is said

to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Brain Hemorrhage

Date of onset

Dec 4

Other contributory causes of importance:

arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

O. P. Green

(Address)

Green City Mo

P. O. Fenton, Registered, 3705

RECEIVED

District Health Officer No: 10

Exhibit File Number 1-42-65

Date Filed JAN 7 1941

P. O. Fenton
3705

Vancouver Mo

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44012

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 805

Primary Registration District No. 60496050

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Schuyler
(b) City or town Adenwood
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Willis Edwin Snider

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m
5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 17 _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. Dec. 5, 1940 (b) Byrd H. Drake
(Date received local registrar's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Schuyler
(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature P. P. Brown (M. D. or other) _____
Address Green City Date signed 40

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

